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ABSTRACT

This document is composed of an overview of the 1998 Kids Count data book, a pocket guide summarizing findings, and information sheets on various aspects of child care. The overview discusses the need for child care, examines its cost, presents information on the quality of available child care, describes potential solutions to make child care affordable and of high quality, and concludes that there is a national obligation to ensure that children of low-income working families have safe, supportive, and affordable care. The "Pocket Guide on America's Youth" presents national trends between 1975 and 1995 in the well-being of America's children. The statistical portrait is based on 10 indicators: (1) low birth weight infants; (2) infant mortality; (3) child mortality; (4) teen violent deaths; (5) teen births; (6) juvenile violent crime arrests; (7) high school dropouts; (8) teens not in school or working; (9) child poverty; and (10) families headed by single parents. Current state and national data are also provided for: (1) children under 6 with working parents; (2) children ages 6-12 with working parents; (3) children under 13 in low-income families with working parents; (4) child care workers' median hourly wages; (5) preschool teachers' median hourly wages; and (6) median hourly wages of all workers. Individual information sheets discuss the following: (1) child care affordability; (2) child care accessibility; (3) care for school-age children; (4) community building; (5) family child care; (6) child care quality; (7) professional development for caregivers; and (8) consumer awareness. Each sheet includes potential strategies and sources for additional information. (KB)

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Model Programs and Policies

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CHILD CARE YOU CAN COUNT ON

The Annie E. Casey Foundation

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To obtain one free copy of the *Kids Count Data Book*, the *Kids Count Data Sheet*, or an additional copy of the *Pocket Guide*, call

(410) 223-2890

The *Kids Count Pocket Guide* was produced for the Annie E. Casey Foundation by:

Population Reference Bureau

1875 Connecticut Ave., NW, Suite 520
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1998

KIDS COUNT

A Pocket Guide on America's Youth

The Annie E. Casey Foundation

kids count

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KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. At the national level, the principal activity of the initiative is the publication of the annual *KIDS COUNT Data Book*, which uses the best available data to measure the educational, social, economic, and physical well-being of children. The Foundation also funds a nationwide network of state-level KIDS COUNT projects that provide a more detailed community-by-community picture of the condition of children.

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THE ANNIE E. CASEY FOUNDATION is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of United Parcel Service, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and communities fashion more innovative, cost-effective responses to these needs.

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Making Quality Child Care a Reality for America's Low-Income Working Families

Quality child care is a critical resource for the 29 million young children living in families with working parents. It is now estimated that more than half of all American families with children under age 13 regularly require some nonparental assistance to help care for and supervise their kids.

The need to find appropriate, affordable, and accessible child care is even more acute for the 10 million children whose parents labor in low-income jobs, often with nontraditional hours.

And the nation's child-care challenge grows with each passing month as more families leave welfare and enter the complex world of work. In August 1997 the number of people on federal welfare rolls dropped below 10 million for the first time in 25 years—compared to its peak of 14.4 million individuals in 1994.

By the year 2000, millions of families currently receiving welfare will need to spend more and more time in the workforce, while seeing to the day-to-day needs of one or more children. For these low-income families, child care will be crucial. Yet, if history is our guide, it may also be unaffordable, inaccessible, unreliable, or of unacceptable quality.

Having a parent in the workforce increases the chances of escaping poverty and offers essential role models and opportunities to children. Indeed, this is the core rationale and moral ground for our national commitment to reform the welfare system. But this rationale holds only if the employment of low-skilled parents does not fundamentally compromise their paramount parental obligation to ensure that their children are are reliably cared for and are safe. The inescapable obligation to develop affordable, accessible, reliable, caring, and stimulating child care for our most vulnerable children is the central focus of our ninth annual *KIDS COUNT Data Book*.

Douglas W. Nelson
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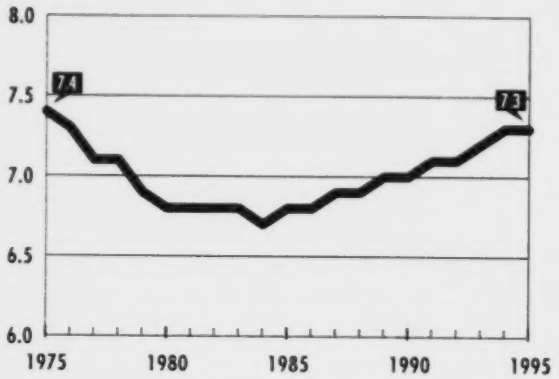
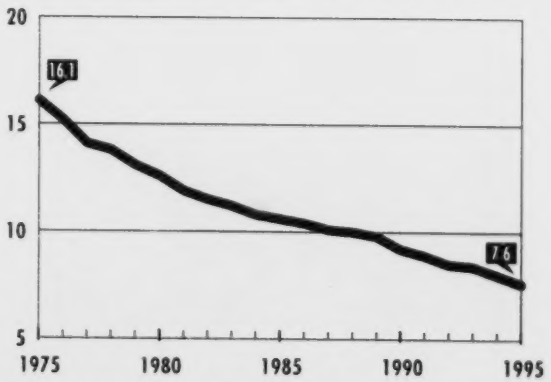
Percent Low Birth-Weight Babies, 1975–1995



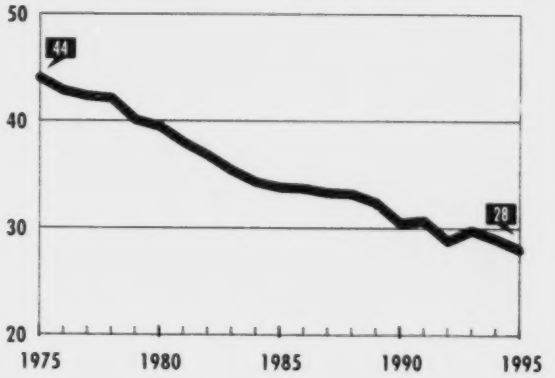
The percentage of babies weighing less than 5.5 pounds at birth has risen over the past 10 years to 7.3 percent in 1995—its highest level since 1976.

Infant Deaths per 1,000 Live Births, 1975–1995



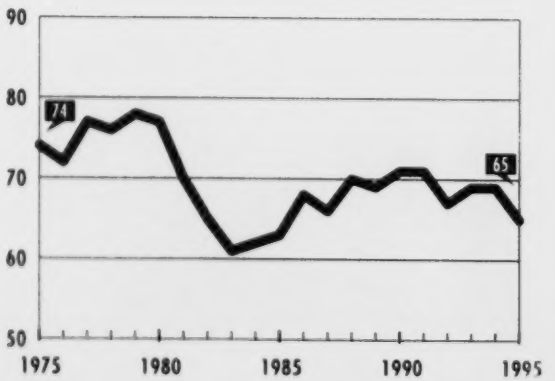
In the last 20 years, the infant mortality rate has been cut by more than half—from 16.1 in 1975 to 7.6 in 1995.

Child Deaths per 100,000 Children Ages 1–14, 1975–1995



The child death rate has dropped 37 percent since 1975, reaching 28 deaths per 100,000 children in 1995.

Deaths by Accident, Homicide, and Suicide per 100,000 Teens Ages 15–19, 1975–1995



There were 65 deaths by accident, homicide, and suicide for every 100,000 teens in 1995—down from 69 in 1994. The rate still is 7 percent higher than the 1983 rate of 61 per 100,000 teens, however.

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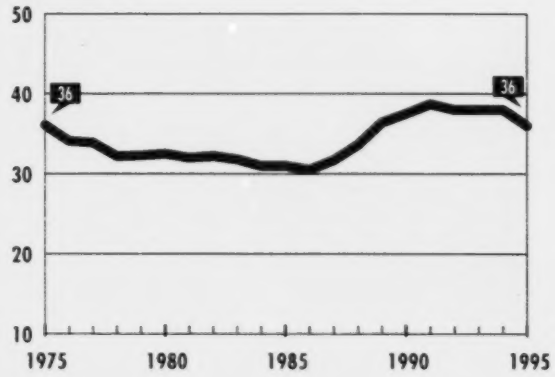
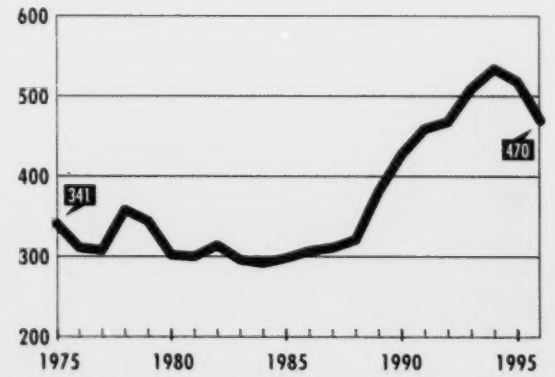
Teen Birth Rate
Births per 1,000 Females Ages 15–17, 1975–1995



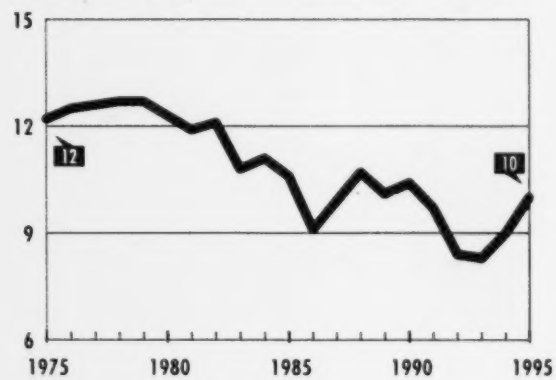
After rising to 39 births per 1,000 teen girls in 1992, teenage childbearing has declined in recent years. The teen birth rate now is at its lowest level since 1989.

Juvenile Violent Crime Arrests per 100,000 Youths Ages 10–17, 1975–1996



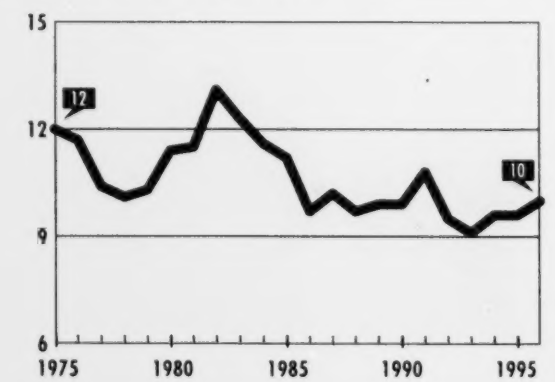
Juvenile arrests for violent crimes soared in the late 1980s and early 1990s. In the last two years, however, the rate has dropped 12 percent, to 470 arrests per 100,000 youths in 1996.

High School Dropouts
Percent of 16–19 Year-Olds Not in School and Not High School Grads, 1975–1995



Despite a noticeable increase in the last few years, 16-19 year-olds remained less likely to drop out of school in 1995 (10 percent) than in 1975 (12 percent).

Idle Teens
Percent of 16–19 Year-Olds Not in School and Not Working, 1975–1996



About 10 percent of youth are currently neither in school nor at work—a measure that reflects the difficulties of the transition from school to work.

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	Indicators used to determine national composite ranking											Data on child care					
	National Composite Ranking	Percent low birth weight babies	Infant deaths per 1,000 live births	Child deaths per 100,000 children ages 1–14	Deaths by accident, homicide, & suicide per 100,000 teens ages 15–19	Teen births per 1,000 females ages 15–17	Juvenile violent crime arrests per 100,000 youths ages 10–17	% of 16–19 year olds who are high school dropouts	% of 16–19 year olds not in school & not working	Percent of children in poverty	% of families with children under age 18 headed by single parent	% of children under age 6 living with working parents	% of children ages 6–12 living with working parents	Low-income families with working parents	% of children under age 13 living in child-care workers, 1996	Median hourly wages of preschool teachers, 1996	Median hourly wages of child-care workers, 1996	Median hourly wages of all workers, 1996
United States	—	7.3	7.6	28	65	36	507	10	9	21	26	63	51	21	$6.12	$7.80	$10.35
Alabama	47	9.0	9.8	38	92	47	259	11	10	23	29	65	60	26	5.46	6.53	8.73
Alaska	25	5.3	7.7	41	70	30	377	8	11	11	23	68	58	15	8.52	9.02	13.44
Arizona	42	6.8	7.5	31	93	48	480	14	11	25	26	58	48	24	5.71	6.18	9.60
Arkansas	41	8.2	8.8	39	94	48	304	9	10	22	25	69	63	32	5.39	5.68	8.32
California	30	6.1	6.3	25	68	43	674	10	10	25	26	53	44	17	7.00	8.55	11.34
Colorado	22	8.4	6.5	24	68	33	352	10	9	12	21	70	53	17	N.A.	N.A.	11.28
Connecticut	12	7.1	7.2	20	47	27	555	3	5	19	26	64	47	14	N.A.	8.73	13.11
Delaware	29	8.4	7.5	26	59	39	729	8	6	13	30	73	58	21	6.59	7.79	11.24
District of Columbia	51	13.4	16.2	47	316	78	1,529	11	14	39	60	50	50	24	8.44	N.A.	12.08
Florida	44	7.7	7.5	30	62	40	804	13	12	24	30	63	56	24	6.15	6.89	9.71
Georgia	43	8.8	9.4	33	75	48	366	13	10	20	27	67	53	22	5.81	N.A.	10.11
Hawaii	8	7.0	5.8	23	39	28	302	4	8	15	21	64	58	17	7.36	N.A.	10.85
Idaho	20	5.9	6.1	35	76	27	258	10	9	18	18	66	56	27	6.17	6.48	9.43
Illinois	38	7.9	9.4	30	74	38	752	9	9	20	27	61	49	17	7.55	9.50	11.11
Indiana	24	7.5	8.4	33	63	35	496	6	8	14	23	69	59	24	5.69	6.81	9.95
Iowa	10	6.0	8.2	25	68	22	247	5	5	14	22	79	59	25	5.51	7.42	9.80
Kansas	13	6.4	7.0	27	61	30	308	7	6	15	24	73	55	23	5.54	6.23	9.85
Kentucky	40	7.6	7.6	29	74	39	588	13	12	26	23	66	51	24	6.04	6.81	9.73
Louisiana	50	9.7	9.8	36	89	45	504	13	13	35	33	54	49	23	5.35	6.99	8.85
Maine	5	6.1	6.5	24	29	19	145	6	7	15	24	72	53	22	6.79	N.A.	9.64
Maryland	32	8.5	8.9	27	80	32	732	9	8	16	25	68	53	17	6.94	8.04	12.20
Massachusetts	11	6.3	5.2	18	35	22	565	7	7	16	26	65	45	11	8.33	N.A.	12.19
Michigan	27	7.7	8.3	27	65	30	390	8	8	20	28	64	47	18	6.85	7.83	11.50
Minnesota	9	5.9	6.7	23	48	19	379	7	6	14	24	77	57	19	7.52	9.07	11.24
Mississippi	49	9.8	10.5	42	98	58	279	11	10	32	33	64	68	35	5.37	6.36	8.42
Missouri	31	7.6	7.4	29	81	33	503	12	9	18	25	70	59	25	5.94	N.A.	10.10
Montana	16	5.8	7.0	34	82	23	184	6	7	19	23	72	52	27	5.43	6.61	9.03
Nebraska	4	6.3	7.4	23	56	22	150	7	5	13	19	75	58	23	5.47	6.38	9.16
Nevada	34	7.4	5.7	31	82	44	384	14	12	14	26	64	60	22	5.97	7.11	10.56
New Hampshire	1	5.5	5.5	21	49	15	118	6	5	10	23	74	50	15	6.90	9.08	11.12
New Jersey	14	7.6	6.6	25	39	24	696	6	6	14	23	59	48	11	7.62	8.88	12.55
New Mexico	46	7.5	6.2	32	91	49	405	12	13	30	30	61	45	26	5.47	7.98	9.33
New York	36	7.6	7.7	26	45	28	1,006	9	10	25	31	50	41	15	6.73	9.46	11.68
North Carolina	39	8.7	9.2	29	80	42	432	12	9	20	27	72	62	26	6.07	7.01	9.81
North Dakota	3	5.3	7.2	39	46	18	102	4	4	13	18	83	62	26	5.61	7.36	8.68
Ohio	28	7.6	8.7	27	50	33	413	8	9	19	26	63	47	18	6.19	7.75	10.52
Oklahoma	33	7.0	8.3	37	76	39	343	9	9	24	25	64	54	29	5.60	7.03	8.98
Oregon	23	5.5	6.1	27	75	30	343	11	10	16	25	67	53	24	N.A.	6.95	10.35
Pennsylvania	26	7.4	7.8	24	50	26	790	9	9	17	23	61	43	14	6.03	N.A.	10.86
Rhode Island	18	6.8	7.2	20	33	27	489	10	8	17	28	67	52	17	6.73	8.60	10.61
South Carolina	48	9.3	9.6	36	71	43	406	12	10	26	30	61	54	26	5.46	6.42	9.42
South Dakota	15	5.6	9.5	23	65	21	286	9	6	17	21	79	65	27	5.52	N.A.	8.89
Tennessee	45	8.7	9.3	32	90	42	384	11	12	23	28	65	57	26	5.43	6.24	9.23
Texas	37	7.1	6.5	28	67	51	394	13	12	25	24	63	56	24	5.53	N.A.	9.42
Utah	7	6.3	5.4	30	63	25	310	8	7	10	14	66	43	17	5.73	6.43	9.96
Vermont	2	5.4	6.0	24	58	11	26	7	7	13	23	75	53	18	6.82	9.55	10.24
Virginia	19	7.7	7.8	25	60	31	257	9	7	14	25	71	57	20	5.92	7.88	10.16
Washington	17	5.5	5.9	25	52	28	418	9	11	16	25	68	52	17	6.78	7.93	11.22
West Virginia	35	7.9	7.9	30	66	30	77	10	15	28	24	49	40	17	5.66	7.86	9.22
Wisconsin	6	6.0	7.3	25	53	23	410	4	5	14	22	78	58	21	6.69	7.40	10.56
Wyoming	21	7.4	7.7	28	92	25	132	8	9	13	24	73	58	23	5.29	5.60	9.32

Note: All data are for 1995, unless otherwise indicated. N.A. = Not available.

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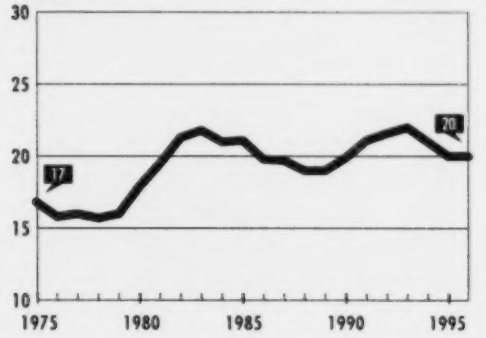
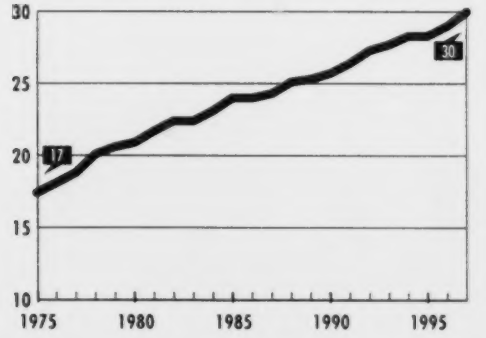
Percent of Children in Poverty, 1975–1996



The percentage of children in poverty has been at or above 20 percent throughout the 1990s. It was 20 percent in 1996.

Percent Families with Children Under 18 Headed by Single Parent, 1975–1997



The percentage of single-parent families with related children has increased steadily, rising from 17 percent in 1975 to 30 percent in 1997.

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The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of United Parcel Service, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and communities fashion more innovative, cost effective responses to these needs.

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kids count

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KIDS COUNT DATA BOO

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KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state by state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well being, KIDS COUNT seeks to enrich local, state and national discussions concerning ways to secure better futures for all children. At the national level, the principal activity of the initiative is the publication of the annual *KIDS COUNT Data Book*, which uses the best available data to measure the educational, social, economic, and physical well being of children. The Foundation also funds a nationwide network of state level KIDS COUNT projects that provide a more detailed community by community picture of the condition of children.

Overview

Making Quality Child Care a Reality for America's Low-Income Working Families

Quality child care is a critical resource for the 29 million young children living in families with working parents. It gives single parents a chance to find jobs and the flexibility to keep them. It allows both mothers and fathers to contribute to family income. And it helps enable many young children to be ready to learn when they enter school. It is now estimated that more than half of all American families with children under age 13—both dual-earner and single-parent families—regularly require some nonparental assistance to help care for and supervise their kids.[1] In 1995, 60 percent of preschool-age children routinely spent at least some time in non-parental care.[2]

The need to find appropriate, affordable, and accessible child care is even more acute for the 10 million children whose parents labor in low-income jobs, often with nontraditional hours.[3] And for millions of welfare recipients who are now expected to find and keep jobs, the need for quality child care amounts to a practical imperative.

The nation's child-care challenge grows with each passing month as more families leave welfare and enter the complex world of work. In August 1997 the number of people (both adults and children) on federal welfare rolls dropped below 10 million for the first time in 25 years—compared to its peak of 14.4 million individuals in 1994. Roughly half of the families who are no longer on welfare have managed to find jobs in the robust

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national economy of the mid-1990s. But these are overwhelmingly modest-paying jobs, making it especially challenging for these parents to afford quality child care.

In 1997 there were still more than 3 million adults remaining on welfare, most of whom will have to find jobs in the next few years as time limits are reached under welfare reform mandates. By the year 2000, millions of families currently receiving welfare will need to spend more and more time in the workforce, while at the same time, seeing to the day-to-day needs of one or more children. For these low-income families, child care will be crucial. Yet, if history is our guide, it may also be unaffordable, inaccessible, unreliable, or of unacceptable quality.

Rationale for Action. The Annie E. Casey Foundation believes that poor children are ultimately better served by growing up in a working and earning household. Having a parent in the workforce increases the chances of escaping poverty, enhances family dignity and independence, and offers essential role models and opportunities to children. Indeed, this is the core rationale and moral ground for our national commitment to reform the welfare system. But this rationale holds only if the employment of low-skilled parents does not fundamentally compromise their paramount parental obligation to ensure that their children are well looked after, are reliably cared for, and are safe.

Put simply, all children clearly benefit from safe and suitable child care, but if we fail to provide children from low-income families with quality child care that nurtures their cognitive and social development, then we will have compromised the effort to reform welfare, and we will risk losing a vital segment of another generation. The inescapable obligation to develop affordable, accessible, reliable, caring, and stimulating child care for our most vulnerable children is the central focus of our ninth annual *KIDS COUNT Data Book*.

The Need for Child Care

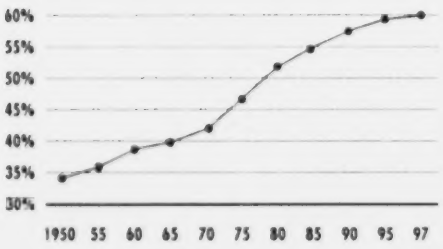
The importance and the value of caring and reliable child care is an acknowledged fact. We know that infants need warm, constant, and responsive adult care to thrive and grow. So do toddlers and preschoolers, who require not only nurturing and caring supervision, but also planned activities that foster healthy development as well as readiness for school. Older kids also need safe, structured, and supervised activities—during nonschool hours—to further their development and to protect them from too much independence too soon. Crime, violence, and substance abuse are known to increase in after-school hours, so much so that police and prosecutors from around the nation have called for the states and federal government to increase support for after-school programs for older children, noting that such programs keep children occupied in positive ways at a time of day when juvenile crime peaks.[1]

While many attentive fathers often look after their kids, it is mothers who have provided and continue to provide much of the critical caring that their children need. With the increasing participation of women in the workforce over the last half-century, growing numbers of American families confront a vexing challenge in securing the constancy

of care they want for their kids. The overall labor force participation rate of women increased from 34 percent in 1950 to 60 percent in 1997 (see Figure 1).[1] Among women with preschool-age children, the labor force participation rate increased from 39 percent in 1975 to 62 percent in 1996. It is estimated that by the year 2000, 70 percent of women with preschool-age children will be working and in need of child care. The once typical two-parent family—with a stay-at-home mom and a breadwinning father—is becoming a memory, with only 20 percent of kids living in such families in 1996. The traditional support system of neighbors and extended family members who offered strong networks of care and supervision for children are less and less available as they too participate more in the workforce. While some would debate whether the nation is experiencing a child-care "crisis," for many low-income working families, child care is a perpetual emergency. Without thoughtful action at the national, state, and community levels, that problem is destined to get worse.

Defining the Demand. Today, there are nearly 29 million American children under the age of 13 who are likely to need child care while their parents work, or about 56 percent of the children in that age group. Such care is currently provided in a variety of settings. According to the U.S. Bureau of the Census, 33 percent of preschoolers under age 5 with a working mother are cared for in the child's home, 31 percent in another home, 30 percent are in an organized child-care setting, and about 5 percent are cared for by the mother at work or while she works at home.[2]

Figure 1. Female labor force participation rate, 1950-1997



Despite the variety of child-care arrangements available, it is estimated that 3.5 million children under age 13 spend some time at home alone each week, and it is hard to know how many other children are periodically left unsupervised, even for short periods of time.[3] The problem of access to care is most acute for the growing number of kids in low-income families with one or two working parents. Between 1989 and 1996, the number of children in working-poor families increased from 4.3 million to 5.7 million.[4]

Expanding the availability of child care for working-poor families is also crucial because of the developmental leaps that children make during preschool years that form the basis of later achievement. Early experience clearly has a powerful impact on the

extent and nature of adult capabilities, and although there is increased recognition of the importance of preschool training for school readiness, the genuine need that exists has not yet been fully met. Even Head Start, though greatly expanded in recent years, still serves only 40 percent of children who are eligible, and many Head Start programs still are not full day.

Without sustained action to expand supply, the number of children in low-income families who do not have early care or after-school care will increase with the movement of mothers from welfare to the workplace. The General Accounting Office, for example, projects that there will be substantial additional unmet child-care needs under the new welfare policy, especially for infants and school-age children.[9] As a practical matter, it makes sense to expand the supply of child care as added insurance that these mothers will be able to continue in their jobs.

The Cost of Care. For many families, high-quality child care is simply beyond their budgets. In 1993 the average weekly cost of child care was $74.15 for families with one or more preschool children.[10] That amounts to a heavy burden on the resources of many families, but it is particularly unmanageable for low-income families who must spend an exceptionally large share of their earnings on child care. In families with preschoolers and a monthly income under $1,200, the costs of child care typically consume 25 percent of their income—and even that sizeable bite out of income does not ensure quality care.

Government financial assistance for child care currently takes a variety of forms. At present, the federal government gives subsidies through the Child Care and Development Block Grant, funded at $2.97 billion in fiscal 1997, for states to help offset the child-care costs of low-income families. States also can designate part of the funds from Temporary Assistance to Needy Families for child care. The Title XX Social Services Block Grant can also be used to subsidize child care, although many states opt not to use it for this purpose. In addition, the states and the District of Columbia appropriated more than $2.4 billion for early childhood programs in 1994.

Child-care assistance is usually provided on a sliding scale, meaning that families pay some of the costs of care, with the amount they pay increasing as their incomes rise. Although federal assistance can be used for families with incomes up to 85 percent of state median family income, most states set their income limits well below this level. There are approximately 23 million children under age 13 living in families with incomes less than 85 percent of their state median family income.[11] If states adopted the federal guidelines, all of these children would be technically eligible for child-care subsidies if their parents work. However, it is clear that some low-income working parents simply have not been made aware by caseworkers or employers of the financial assistance for child care that might be available to them.

In addition to subsidies, the federal Dependent Care Tax Credit helps families by allowing them to claim an income tax credit for a portion of their child-care expenses related to work. Because the credit also is on a sliding scale, lower income families receive

slightly larger credits. However, the maximum credit most families can receive for one child is $480, or $960 for two or more children—amounts that have not been raised since 1981. About half of the states have similar state income tax credits designed to help families with the cost of child care.

Unfortunately, the Dependent Care Tax Credit actually does little to increase the child-care purchasing power of families with no federal tax liability—a category that includes many former welfare and working-poor families. Such families generally do not benefit from the dependent care credit because they usually do not owe any federal income tax, and the credit is not refundable. Furthermore, many of these working families are not likely to qualify for subsidized child care from block grant funds because their income is slightly higher than the eligibility limits set by individual states.

Despite a range of federal and state subsidies, tax credits, and other financial assistance designed to supplement the child-care budgets of families, it is clear that the burden of paying for such care is disproportionately high for low-income working parents. While government assistance in paying for child care is indispensable, the inescapable conclusion is that it is not providing enough help to many of those who need it most.

Getting Care When and Where It Is Needed. Even when cost is not an insurmountable barrier, many working-poor families find that child care is simply not available at the times and places it is needed. An increasingly competitive global economy has generated around-the-clock work hours. A General Accounting Office survey of child-care providers in selected cities found that only a small percentage currently offer care during nontraditional hours.[12] Yet the National Child Care Survey found that fully one-fourth of low-income working mothers (incomes above poverty but below $25,000) work in the evenings or on weekends.[13]

In addition to the issue of nontraditional hours, many low-income workers have to travel long distances to their jobs, often without reliable public or private transportation. Many welfare families do not have their own automobiles, and employers and state officials cite commuting and child care as the twin challenges for workers struggling to secure and keep jobs. Locating child-care facilities in areas that allow parents to leave children close to home clearly would remove a major impediment to accessible child care.

Unfortunately, however, in poor neighborhoods, the supply of licensed or otherwise appropriate providers is far less than in more affluent residential communities.[14] The inevitable result is what some observers have termed the "child-care underground"—children of the working poor placed in informal and ever-changing settings. Again and again, parents are forced to cobble together a patchwork of caregivers because their extended family is geographically scattered or simply unavailable to help out when a child-care crisis arises.

When child-care arrangements collapse, parents lose time at work, sometimes jeopardizing their continued employment. Nationwide, businesses lose $3 billion each year because of child care-related absenteeism, turnover, and lost productivity. One

study conducted by the Greater Minneapolis Day Care Association reported that one-quarter of working mothers on waiting lists for child care in Minnesota go back on welfare because the care never materializes.[5] The fragility of child-care arrangements compounds the instability experienced by low-income families who already suffer from a lack of community supports.

Warning Signals on Quality. Even when working-poor families find reliable, affordable care, it can often be of poor quality. There are no nationally representative studies of child-care quality, but worries about the quality of child care are raised constantly by local studies as well as by news reports and family experiences. Child-care workers generally are poorly paid, and turnover rates at child-care centers are high. Too often, care of children in both family- and center-based settings is uneven—supplied by caregivers who are insufficiently trained and housed in facilities that are overcrowded or unsafe.

A widely cited 1995 study from the University of Colorado at Denver[6] examined 400 child-care centers in four states and rated only 14 percent as developmentally appropriate, with the rest scoring from poor to mediocre. The situation for infants and toddlers was particularly distressing. Only 1 in 12 infant and toddler rooms was found to provide developmentally appropriate care, and 40 percent were deemed a potential threat to children's health and safety. A recent study[7] of state regulations regarding infant and toddler care centers concluded that regulations in two-thirds of the states were "poor or very poor, indicating that they failed to require even minimally acceptable care."

When it comes to quality, evaluations of family day care are all too similar to those of center-based care. A study[8] of regulated and nonregulated family day care by the New York-based Families and Work Institute rated only 9 percent of family day-care homes as being of good quality, while 56 percent were rated as only adequate and 35 percent as inadequate.

The consequences of this quality gap are of enormous national concern, especially for at-risk kids. Increasingly, studies show the importance of stimulating cognitive skills in young children as early as possible.[9] New research by neuroscientists makes it clear that infant brain development is a matter of both experience and genetics. Whether a baby's brain cells connect and develop into networks that foster intelligence and creativity depends, to a large extent, on how that baby is nurtured. While nurturing includes love and caring attention, the recent research emphasizes the importance of purposeful stimulation—utilizing language, eye contact, and movement—as a critical way to encourage active, curious minds.[10] Because poor-quality child care (i.e., care that ignores developmental opportunities) can have long-term effects, competent, safe, and developmentally appropriate care ought to be available to every child as a minimum standard.

Many studies demonstrate that at-risk children are helped by high-quality early intervention programs, but often this is not what the most needful children get. A General Accounting Office study found that 59 percent

of low-income children attend early childhood centers which fail to provide the full range of child development, health, and parent services needed to support their school readiness.[21] The simple fact is that without child care that is both stimulating and supportive, low-income preschoolers, who are already statistically at risk, may also experience delayed social and cognitive development. Thus, they can enter school with significant problems—lagging behind from the start and increasing their risk of future failure in school.

Finding Solutions That Work

In tackling the child-care dilemma, we recognize that parents are the most critical stakeholders and that they must be given every opportunity to become informed and empowered consumers. Families need sufficient opportunity, information, and resources to promote the healthy development of their children and ensure that nonparental care is safe, affordable, accessible, and of the highest possible quality.

At the outset, it should be understood that any proposals on the child-care issue must take into account the realities that are widely acknowledged in public opinion polls as well as policy circles. First, quality child care is recognized as a pivotal need of working parents, especially for low-income families. Second, while government may offer various tax and economic incentives to make child care more affordable and accessible to parents—and should be expected to establish and enforce minimum quality standards—there is a genuine consensus that extensive government mandates in the design and provision of child care are not desirable. And third, while child care has become a much more visible component of American life, it is evident that Americans remain largely resolute in the belief that parents need a range of choices regarding how best to care for their children.

Making Child Care Affordable. Providing high-quality and affordable child care is a laudable goal, but who should pay for it? The Packard Foundation[22] reports that, collectively, Americans spend about $40 billion a year for child care for children below school age. According to the study, it might cost as much as $120 billion a year to provide the kind of quality child care all American kids need.

Recognizing the emergence of child care as an issue of mounting concern to American families, a bipartisan effort is underway in Washington and in the states to bolster support for a range of practical child-care funding strategies, among them: States should increase existing child-care subsidies as well as make families more aware of their availability. Working parents with income up to 85 percent of the state median family income should be afforded assistance for child care on a sliding scale, depending on ability to pay. The Dependent Care Tax Credit should be made refundable instead of nonrefundable. Employers should be rewarded for either setting up child-care centers or for making it easier for employees to arrange quality care. And, as a number of Republicans and Democrats have proposed, the idea of expanding tax credits to families with a stay-at-home parent should be seriously explored

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The Clinton administration has proposed spending nearly $22 billion over 5 years to increase the child-care block grant to states and to expand the Dependent Care Tax Credit. Under the administration's proposal, families earning less than $30,000 could take a credit for up to 50 percent of their child-care expenses. States could use the block grant funds to provide expanded access to child-care services for families who have left welfare as well as families still receiving Temporary Assistance to Needy Families. The proposal also would provide incentives for states to expand infant care, before- and after-school programs, and child care during nontraditional work hours and to extend hours of pre-kindergarten programs to cover full-day services.

Several states also are implementing model programs to bolster child care as one strategy to assure responsible welfare reform and promote genuine self-sufficiency. Illinois, for example, has increased state funds dedicated to child care by $100 million in the past 2 years. The state is expected to eliminate its waiting list and provide child-care assistance for all families with incomes below 50 percent of the state median income. This new funding helped the state serve an additional 59,000 children. Similarly, Minnesota has increased child-care spending by $99 million over 2 years, for a total of more than $193 million in state subsidies. As of December 1996, the increased funds allowed the state to eliminate a waiting list of 5,600 low-income working families and to provide full subsidies for families on welfare and those making the transition from welfare to work. However, even with such a generous increase in subsidies, a new waiting list is forming.[6]

The corporate sector also can bring innovative solutions to the demand for child care from employees. One model for worksite-based quality care comes from the Longaberger Company, a family-owned business that is the largest manufacturer of handmade baskets in the United States. In 1995 the Longaberger Family Center, a $1.2 million child-care facility, was opened at the company's manufacturing plant in Dresden, Ohio, for the benefit of nearly 6,000 employees. Built by the company, the center operates 24 hours a day and provides ongoing training for 29 teachers and aides who care for 150 children ranging in age from 6 weeks to 12 years. The center is built to resemble a house, with age-appropriate features such as child-sized bathrooms and heated floors for crawling and playing. This full-service center also offers a half-day kindergarten on site and buses older students to school and back to the center for after-school programs.

Another exemplary corporate program is operated by Marriott, which has partnered with other hospitality companies in Atlanta, the governor, and the mayor to set up a pilot employees' child-care program called the Inn for Children. It is open 24 hours a day, 7 days a week and includes a get-well clinic for kids with minor illnesses such as colds. The facility, located in downtown Atlanta, can accommodate 250 children at one time. Marriott developed the child-care initiative as an outgrowth of Pathways to Independence, the company's welfare-to-work job-training program that

has provided jobs for more than a hundred former welfare recipients in Atlanta, New Orleans, and Washington, D.C.

Improving Quality in Child Care. The elements that characterize quality day care are similar to those found in good homes, in which the most important factor is attentive interaction between the provider or parent and the child. The Child Care Bureau of the U.S. Department of Health and Human Services offers four overarching hallmarks of quality child care:

- **A safe and healthy learning environment for each individual child**
- **Parent involvement**
- **Training and support for care providers**
- **Continuity of care**

To ensure these bedrock characteristics, states and cities must address the need to make comprehensive training available to child-care providers, similar to that given to workers in Head Start programs and child-care facilities at Department of Defense installations. All child-care providers should be afforded effective training in the essential skills and conditions that promote safety and child development. Work conditions that are not overcrowded, that reduce the ratio of children to day-care workers, and that allow for interaction with each child's family would also help to increase safety and improve child outcomes.

One initiative aimed at improving the quality of child care by upgrading staff skills is North Carolina's TEACH (Teacher Education and Compensation Helps) Early Childhood Project. The centerpiece of the program consists of scholarships to help child-care workers access courses, primarily at state community colleges. The highly subsidized training often leads to two- or four-year degrees in child development and early childhood education, and workers who complete a step in the program are guaranteed a one-time bonus or a raise. Participants in the program have received higher pay, with a dramatic reduction in turnover, and the education level of the state's child-care workforce has been measurably enhanced. The program was started in 1990 with private-sector funding, but the state now contributes the majority of funds. The TEACH model has been adopted by half a dozen states.

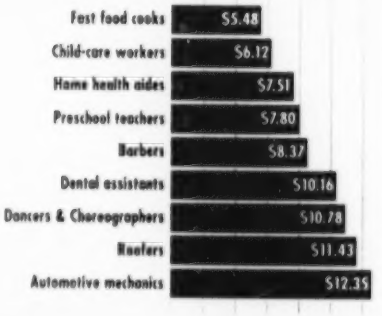
Another innovative program is the Childspace Management Group, Inc., a worker-owned cooperative that staffs two child-care centers in economically and ethnically diverse neighborhoods in Philadelphia. Started in 1988, the Childspace model was developed to improve both the quality of child care and the employment opportunities for community residents. Because many low-income job applicants do not have the educational background to meet requirements for advancement, entry-level staff receive on-the-job training and are encouraged to take courses in early childhood education. The wages for Childspace workers are fairly typical when compared to other child-care workers, but they are supplemented with a benefits package available to both full- and part-time workers. As a result, the turnover rate for Childspace workers is significantly lower than the national average. This worker cooperative model is being replicated in other cities throughout the United States.

Another key ingredient needed to upgrade the quality of care is the establishment and enforcement of adequate licensing standards by state and local officials. While documented cases of injurious care and outright abuse are rare, parents have a right to peace of mind when they leave their children in the charge of others. Too often, however, states set minimum standards for safety and health at child-care facilities, then neglect to provide sufficient oversight by inspectors, and end up failing either to punish bad providers or reward good providers. Regulators are loathe to begin the lengthy process required to terminate a license, especially in localities where alternative arrangements are nonexistent. As a result, license revocations almost never occur, and written critiques of the quality of care are seldom issued.

It is also beyond debate that addressing the income needs of child-care workers would go a long way to improving quality. Of the approximately 3 million child-care teachers, assistants, and family care providers in the United States, turnover rates amount to more than 40 percent each year,[4] far higher than most other occupations. A primary reason for such high turnover is the characteristically low level of pay earned by most day-care workers (see Figure 2). A society that values its children may well need to offer their caregivers a compensation package that encourages continuity in the job and a sense of value to the community.

Focusing on the Child-Care Needs of Low-Income Families. Of the 5.5 million kids under age 13 who live in high-poverty neighborhoods, half have working mothers.[5]

Figure 2. Median hourly wages of child-care workers and preschool teachers compared to selected occupations: 1996



This percentage will increase as welfare reform is fully implemented. Providing affordable, high-quality child care and after-school programs where they are most needed—in areas with the highest concentrations of low-income families—not only helps working parents by expanding flexibility in hours and reducing transit time to work, but it also demonstrably contributes to building stronger neighborhoods. By investing in the establishment, expansion, or training of neighborhood-based child care, jobs are created for residents and dollars are kept in the community.

The number of such community bolstering initiatives is growing. In early 1998, Baltimore opened a major new public housing child-care facility in East Baltimore, a center that accommodates 120 children, includ-

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ing infants. The center, which is being studied as a prototype by Chicago and other cities, employs several residents of the Pleasant View Gardens housing community and offers training for individuals who want to become child-care providers.

In central Illinois, the Longview community in the city of Decatur opened the New Horizon Family and Child Development Center in 1994—the first physical improvement in the neighborhood in 20 years. Today, the center is the catalyst of an ambitious plan to rebuild an area characterized by empty lots, illicit drug markets, and substandard housing. The center's large activity room doubles at night as an adult classroom and community meeting place.

A similarly impressive model is underway in Newark, N.J., where New Community Corporation provides child care and family services through a partnership with Babyland Family Services, Inc. Babyland operates six child-care centers, which annually provide quality care to more than 700 children in the Newark area. In addition, Babyland has a network of family-based child-care providers, training mothers who can work in their own homes. A high proportion of participating families are low income or on welfare, although the centers also serve middle- and upper-income families. Babyland employs nearly 200 workers, and construction of four new centers will create additional jobs in future years.

Because the need for child care does not end when children are old enough to attend school, before- and after-school programs are critical to providing safe and structured activities for children whose parents are at work. However, the U.S. Department of Education[7] reports that in 1993 only a third of schools in low-income neighborhoods offered before- and after-school programs. Los Angeles has one exemplary after-school enrichment program, called LA's BEST (Better Educated Students for Tomorrow), that receives most of its funds from city coffers and the rest from private sources. Serving 5,000 kids per day in grades K-6 at 24 municipal elementary schools, the program emphasizes activities in dance, music, sports, science, and art. A recent evaluation shows increased attendance and higher rates of school completion by participants.

New York City's renowned Beacons program also provides a continuing example of innovative after-school and summer child care. Now 42 Beacon School-Based Community Centers across the city are open in the summer, before and after hours during the school year, and on weekends and holidays. Serving as neighborhood centers, the Beacons not only offer safe havens for kids, but also provide children and their families with an array of recreational, educational, and vocational activities. The program is financed almost entirely by municipal funds and is cited frequently as an exemplary school-based approach to youth development, family support, and neighborhood revitalization.

Programs such as LA's BEST and the Beacons encourage connections among neighbors, improve use of school buildings, and get parents more involved in schools. Establishing such programs in schools located in low-income areas and ensuring their quality should be a high priority of local governments and concerned private entities.

Concluding Thoughts

It is clear that a public policy shift which moves parents off welfare and into the workforce must take into account the attendant need for additional child care. Welfare reform that puts mothers to work at the cost of putting their children in jeopardy is a flawed reform.

Put another way, the commitment to work and self-sufficiency for heretofore dependent or low-skilled parents will strengthen families only if it is linked to a simultaneous guarantee that single and low-income parents will have realistic access to child care that is safe, flexible, reliable, stimulating, supportive, and affordable. Failure to build this required underpinning will mean nothing less than a betrayal of the promise of welfare reform and will render counterfeit America's new resolve to protect children through strengthened and self-supporting families.

As with other complex issues, there is no simple formula to fit every situation. We have outlined strategies that encompass a range of options to improve the quality of and access to child care for low-income working families. Some combination of these approaches would appear to have a good chance of succeeding if the public will is generated to implement and sustain them. But we should have no illusions about the difficulties of achieving success. Helping low-income parents remain in jobs while also accommodating the needs of their children will be an arduous process with many challenges along the way. However, we believe that there is a growing political recognition of the child-care plight. More important, we believe there is a realistic hope that a foundation is being built across the nation to provide quality care for all kids, with workable supports spreading ever deeper into states, cities, towns, and neighborhoods.

It is beyond serious dispute that our society benefits when at-risk children are provided with high-quality child care. We have made a national commitment to increase the number of low-income families in the workforce. With that commitment comes nothing less than a national obligation to ensure that the children of those families have safe, supportive, and affordable care while their parents are working.

Douglas W. Nelson
President
The Annie E. Casey Foundation

1. Page 26 of the 1998 *KIDS COUNT Data Book* shows that 63 percent of children under age 6 and 51 percent of children ages 6 to 12 live in families where parents' work schedules mean that families are likely to need outside child care.

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3. These figures are derived from a five-year average of the March Current Population Survey conducted by the U.S. Bureau of the Census. There were 10.2 million children living in families where parents worked, but income was less than twice the poverty threshold. See Definitions and Data Sources section for a detailed definition of "working parents" in low-income families.

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The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of United Parcel Service, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and communities fashion more innovative, cost-effective responses to these needs.

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The Concept

Parents cannot work productively unless they have care for their young children when and where they need it. Researchers say that access to affordable, high-quality child care is critical to success on the job. These facts of family life make accessible, flexible child care crucial to the nation's economy.

In recent decades, the demand for child care has swelled dramatically, reflecting a sharp rise in the number of women working outside of the home, as well as an increase in the population of children under the age of six. Once developed for a relatively narrow segment of the population, early care and education programs now serve most of the nation's young children.

Most communities are not keeping up with the increase in demand. Theoretically, parents have their choice of programs in a diverse, competitive child-care marketplace, but many parents say that they have to settle for care that does not suit their schedules, needs, or values. Finding high-quality care close to home is often difficult, especially for families in low-income communities.

Compared with other parents, the working poor—people who hold jobs but have incomes below the poverty line—are far more likely to rely on tenuous arrangements with relatives or neighbors. These arrangements may work well, but they often represent the family's only available option. It is often assumed that when all else fails, low-income parents can leave their children with a friend or relative, but in fact, many families lack this kind of support. Many parents piece together care on a daily or weekly basis, relying on a realm of makeshift arrangements that has sometimes been called the "child-care underground."

Arranging child care is even harder when parents work evenings and weekends. Nontraditional schedules affect the lives of millions of families. In 1995, 29 percent of the American workforce, and 34 percent of female employees, had nonstandard work arrangements. It is sometimes assumed that working mothers prefer to work nights or weekends, but in fact, relatively few choose nontraditional hours. Unpredictable or erratic schedules make it particularly difficult to arrange stable child care. Almost half of working-poor parents work on rotating or changing shifts.

In contrast, most child-care providers offer five-day-a-week "day care" during conventional working hours. The majority of those who do provide care during nontraditional hours work out of their homes and have room for relatively few children. Weekend work is also problematic. One-third of working-poor mothers and more than one-fourth of moderate-income mothers work weekends. Yet only 10 percent of centers and 6 percent of family day-care homes report providing care on weekends.

Ideas in Action

Welfare reform is beginning to expose the shortcomings of child-care policy. There is growing recognition of the need for new initiatives to ensure that care is available during the hours when parents are away from home. Several states have created incentives for providers to meet the child-care needs of workers with nontraditional hours. Usually the incentive is a higher rate of pay. When California contracts with providers to care for children eligible for state subsidies, they now give priority to those who provide services during nontraditional hours. Other states, including Florida and Ohio, also offer incentives.

Jobs requiring nontraditional hours are growing in the service industries, and some companies in this sector are beginning to come to grips with their employees' child-care dilemma. Marriott International (partnering with the Hyatt and Omni hotel chains) has created a subsidized, full-service family center for low-income employees. Known as Atlanta's Inn for Children, the program makes around-the-clock care available 365 days a year and can accom-

modate 250 children. It also offers parent education, health care, nutrition counseling, and other services. Each year, the center provides services to approximately 1,000 families of low-income hotel workers. Other companies that are addressing child-care needs during nontraditional hours include the Longaberger Company, which recently opened a $1.2 million family center that operates around-the-clock, providing child care for employees on all three shifts, as well as America West Airlines, AT&T, Saturn, and Toyota.

Not-for-profit organizations are also grappling with the problem. Palcare has worked with unions, employers, local governments, and community groups to establish a 24-hour, seven-day-a-week child-care center for employees at the San Francisco International Airport and in surrounding Bay Area communities. About 20 percent of Palcare children are eligible for child-care subsidies in the form of reduced evening and weekend fees, scholarships, or alternative payments from other sources. Palcare follows guidelines for high-quality programs advocated by the National Association for the Education of Young Children. There is considerable expense involved in providing both quality and flexibility. Ongoing corporate donations help to underwrite these costs.

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The Concept

Across the nation, parents are struggling to pay for child care. For families at all income levels with children between the ages of three and five, child care is the second or third biggest item in their household budget. The burden is especially heavy for families living in poverty; child-care costs typically consume a quarter of their income.

Today, average child-care costs are roughly $4,000 per child per year—and substantially higher for families in metropolitan areas. Many parents simply cannot afford this expense. Those programs that offer sliding-scale fees or subsidized care serve only a small fraction of the children who need services. As a result, millions of children who could benefit from early care and education programs do not have access to them. Too many children in low-income families spend time in makeshift, temporary arrangements that let their parents work, but lack the stimulating environment children need to thrive. Research shows that children from low-income families make the greatest gains in high-quality, enriched programs and are most likely to suffer the ill effects of inadequate care. But until it becomes more affordable, the children who stand to benefit the most from stable, high-quality early care and education will remain the least likely to receive it.

As part of welfare reform, efforts are now taking place in virtually every state to increase the supply of affordable child care and to devise new approaches to funding early care and education. A key goal is promoting employment among low-income families. By last July, states submitted plans for using funds from Temporary Assistance for Needy Families (TANF) to expand and support child-care services. Many states restructured their child-care subsidy programs. States are reconsidering policy in other areas as well. In order to increase families' capacity to purchase child care, they are rethinking their tax credit policies. Many of these policies are in flux, and important questions remain. Who should receive subsidies? How will various co-payment requirements affect participation and program quality? How can states structure tax credits to benefit former welfare recipients and the working poor, as well as middle- and moderate-income families? How can states expand the supply of affordable child care while raising quality?

Ideas in Action

Aligning welfare, labor, tax, and child-care policies is an immensely complex task, and no state has come up with a perfect plan. Illinois' TANF plan is widely considered to be one of the best. The state has worked toward a seamless system of child care, based on the premise that the success of welfare reform hinges on the availability of affordable care for the children of all low-wage workers: those on welfare, those making the transition from welfare to work, and those who were never on welfare. The plan creates a single set of rules for all low-wage workers in need of child-care assistance. It bases eligibility for child care on income, not on current or recent eligibility for welfare. This assures that welfare parents receive assistance, but not at the expense of other low-wage workers. Continuity is a key goal of the Illinois plan. It assumes that as families move from welfare to work, they should not have to change child-care providers or reapply for child-care services. The Illinois plan lets families negotiate these transitions with minimal disruption to their children (and to their children's child-care providers).

Reimbursable tax credits are a promising strategy for making child care more affordable. A number of states have introduced such plans. Two Minnesota tax laws lighten the financial burden of child care for low-income working families. The first is a state child and dependent care credit modeled on a similar federal tax credit. In 1997 parents with household incomes of $30,610 or less and/or with

two or more children under age 13 were entitled to claim up to $1,440 in a credit on their state tax return, based on a sliding scale. The second law offers families who are eligible for the federal earned income tax credit a state "working-family credit," which equals 15 percent of the federal credit. The Minnesota Alliance for Children has conducted a public information campaign to spread awareness about the credits. In three years, there has been a 66 percent increase in the number of families claiming both credits. The average combined refund has been about $1,400 per family.

While a great deal of child-care reform is taking place at the state level, cities are also coming up with innovative plans. San Francisco is a case in point. The city has earmarked, through a property tax set-aside, funding for children's services (known as the Children's Fund). Each year, the Children's Fund provides $14 million in support for community-based programs that serve children, youth, and families. At the same time, the city has put into place a vigorous, comprehensive community-based planning and implementation effort. Coordinated by the San Francisco Starting Points Initiative, located in the Mayor's Office of Children, Youth and Their Families, the plan stresses access to high-quality child care with special attention to low-income neighborhoods. A special focus for the 1998-99 plan is aligning the city's public and private resources with the needs of families affected by welfare reform. In its plan, San Francisco has made a commitment to addressing the city's most critical child-care needs: nontraditional hours care, respite care, and care for infants, children with special needs, chronically ill children, and sick children.

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The Concept

The nation's shortage of high-quality child care not only affects preschoolers, but it puts older children at risk as well. Once children begin kindergarten, parents' worries about their care do not end. In most families, parents' schedules and children's schedules do not mesh. This is more true than ever before, because today's parents are working longer hours. Many children leave empty houses in the morning and come home to empty houses in the afternoon. Working mothers and fathers typically arrive home hours after their children finish school; moreover, parents must report to work on many days when schools are closed.

The gap between parents' work schedules and students' school schedules can amount to 20 to 25 hours per week, and what children do with this time affects their achievement and social development. Research shows that after-school and summer programs can reinforce and enrich classroom experience, resulting in higher achievement and more positive attitudes toward school, especially if they are aligned with school curricula. They also provide recreational activities and chances to explore areas that tend to get short shrift during the regular school day, such as the arts. But for most children, the out-of-school hours represent a lost opportunity.

Where do most children of working parents spend the after-school hours? Some are taking part in school or community activities, but many are unsupervised and have little to do. Estimates of the number of "latchkey" children vary widely, in part because parents are reluctant to admit to researchers that their children are unsupervised while they work, but most studies say that at least 3.5 million children under age 13 are left to fend for themselves for some part of the day. Some estimates place the number of latchkey children much higher. This fact worries many Americans. In a 1994 survey of parents, 56 percent said that many parents leave their children alone too much.

The number of extended-day child-care programs has grown substantially over the last two decades, but it has not kept pace with need. In 1995 less than 10 percent of the 23.5 million school-age children with working parents were enrolled in formal before- and after-school programs. Cost is a major obstacle for many families. Fees for after-school programs that run from 3 until 6 p.m., 5 days per week, average $130 per month per child. Transportation costs may add to this burden.

Many parents are worried about unsupervised children's exposure to substance abuse and other harmful activities. They are concerned as well about the long stretches of time many children spend in front of television sets. In light of statistics showing that most juvenile crime takes place between the hours of 2 and 6 p.m., many parents would like to see after-school programs stretch beyond the elementary school years. However, less than one percent of seventh and eighth graders were in after-school programs in 1991.

The need for affordable after-school programs is especially great in low-income communities. Research suggests that disadvantaged students benefit most from participation in extracurricular activities, but often have the least access to them. Schools in distressed communities, particularly those in urban settings, tend to have fewer after-school activities, including sports, and lower rates of participation. As a result, the out-of-school time of children living in low-income neighborhoods tends to be unstructured. This may account, in part, for the fact that children in low-income households spend less time than other children on homework.

As communities across the nation expand their supply of school-age child care, quality is a serious concern. The National School-Age Care Alliance (NSACA) has collaborated with the National Institute on Out-of-School Time to

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create an accreditation process for extended-day programs.

Ideas in Action

Many communities are introducing after-school programs to fill gaps in children's days, while offering a range of enrichment and recreational activities. Among the nation's best known after-school programs is LA's BEST (Better Educated Students for Tomorrow). Launched through a city/school district/private sector partnership, LA's BEST serves inner-city children, in grades K-6, who have the greatest needs and fewest resources and who lack adult supervision between the hours of 3 and 6 p.m. At no cost to families, LA's BEST provides a wide variety of educational and recreational activities designed to improve children's academic achievement and boost their self-esteem. Every day after school, nearly 5,000 students participate in the LA's BEST program at 24 elementary schools. Since its inception, more than 35,000 children have benefited from the program. Independent evaluations have shown participants get better grades, have greater enthusiasm for regular school, and show positive changes in behavior. Schools running an LA's BEST program have shown a 40 to 60 percent reduction in reports of school-based crime.

Some communities are seeking more comprehensive approaches to out-of-school hours by creating school-based community centers, also known as community schools or full-service schools. Perhaps the best known full-service school program is New York City's Beacons Initiative, established in 1991. Each of the 42 Beacon school-based centers has developed its own program, but all sites share the goals of creating safe havens for children, youth, and families and becoming beacons of hope and opportunity in blighted neighborhoods. Beacon centers are located in public school buildings and are open during extended hours (after school, before school, on weekends, and in the evenings), offering a variety of services to children in a safe environment. The Beacons Initiative is now being replicated in other cities, including Denver, Minneapolis, San Francisco, and Savannah.

Some initiatives are creating school-age child-care programs targeted to particular neighborhoods or groups of students—including immigrant or special needs children—based on community-identified needs. Over the past three years, the cities participating in the MOST (Making the Most of Out-of-School Time) initiative—Boston, Chicago, and Seattle—have added thousands of school-age child-care spaces, improved program quality through staff development and enriched activities, and increased funding through both public and private sources.

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Community Building

- Affordability
- Accessibility
- Care for School-Age Children
- **Community Building**
- Family Child Care
- Quality
- Professional Development for Caregivers
- Consumer Awareness

The Concept

Today, many researchers, policy analysts, and political leaders are focusing on the challenge of expanding and improving child care. Discussions of early care and education are taking place at the highest levels of government—in the White House, on Capitol Hill, and in every State House in the nation. But in the final analysis, much of the success of child-care reform efforts will depend on the resolve of Americans working for change in local communities.

Across the nation, the availability, cost, and quality of child care varies widely from community to community. Equity is therefore a major concern as we build a better child-care enterprise rooted in the realities of families' lives and committed to high-quality standards. But standards do not mean standardization. There is no one-size-fits-all model of high-quality child care. When it comes to early care and education, different communities have different needs, expectations, and values.

Researchers have shown that a comprehensive approach to community development is one important way to bring meaningful, sustainable change to distressed communities. Change initiatives and social programs have been found to be most effective when they grow out of communities and when they are led by local people and organizations. This principle holds true for efforts to improve and expand child care. The issue cannot be isolated from other factors within the community—such as employment opportunities, education, and the availability of human services—that affect families' ability to become self-sufficient and support their children's healthy development.

This does not mean that communities should have to go it alone. As they expand and improve child-care services, they need help from every sector—including public agencies, businesses, philanthropic institutions, community organizations, religious groups, human-service providers, and the media—to gain the tools and resources needed to mobilize on behalf of young children. Communities need ways to bring people together to discuss the needs of young children and their families, to come to a common understanding about quality in early care and education, and to plan and implement strategies to improve the availability and quality of care. They must have tools for assessing local residents' need for child care (including programs for school-age children) and local providers' capacity to meet that need. They need strategies for financing the expansion, improvement, or more equitable distribution of child-care services. And, finally, they need ways to hold responsible agencies and providers accountable for results.

Ideas in Action

Reforming child care involves many challenges, but none is more vital or difficult than engaging the public and building the political will for change. As things stand, few communities have organized groups devoted to coordinating the efforts of all of the people and organizations involved in early care and education. Over the last decade, some counties or localities have established children's councils to improve communication and collaboration between community members and policymakers. Some statewide programs, like Smart Start in North Carolina, seek to coordinate services for children, with an emphasis on child care. Some states have set up county children's councils.

In other places, initiatives take shape when a local group or agency, such as a mayor's office, a youth-serving agency, or a community development organization, makes children's issues a priority. Local community development organizations have been particularly active in child-care reform. For example, in Newark, New Jersey, Babyland Family Services, as a networking partner of the New Community Corporation, addresses the realities

of its residents by pioneering and advocating for support and regulation of infant care, year-round and full-day care for working parents, and by providing comprehensive child care for homeless families, teenage parents, young fathers, and families living with AIDS. The Babyland program has provided entry-level employment, training, career development, and entrepreneurial opportunities for hundreds of community residents at its child-care centers.

To support child-care reform at the community level, the National Economic Development & Law Center has launched the Community Development and Child Care Initiative. The center works in low-income communities in five states (California, Minnesota, North Carolina, Oregon, and Pennsylvania) to promote partnerships between child-care providers and community economic development organizations. It provides planning grants and technical assistance to strengthen their capacity to respond to their communities' child-care needs. Each organization convenes a neighborhood planning committee made up of parents, providers, child-care resource organizations, local business people, and other community members. This committee assesses local supply and demand, analyzes gaps in the community's resources, and develops projects aimed at improving the supply, quality, and affordability of local child care.

For example, in Oregon, the center is supporting the work of the ROSE Community Development Organization. Through its Child Care Neighbor Network, ROSE promotes parent education on child-care issues, fosters peer support among family child-care providers, and links parents and providers with child-care support organizations. ROSE is also working with a nonprofit housing developer to make business training and small loans available to local providers.

Addressing the scarcity of child care in low-income communities is the mission of the National Child Care Initiative, a program of the Local Initiatives Support Corporation (LISC). Established by the Ford Foundation in 1979, LISC is the nation's largest community development support organization, with local programs in 37 cities and regions across the country. Working with local nonprofit community development corporations, the National Child Care Initiative is pursuing many strategies to increase the supply of high-quality affordable child care in distressed neighborhoods. Its primary focus is the construction of new child-care facilities in areas where the shortage is severe. By the end of 1997, one new center had opened its doors, and ten more were in various stages of planning and development. The initiative also seeks to help local community development organizations strengthen and expand the supply of family child-care homes.

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Family Child Care

- Affordability
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- Quality
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- Consumer Awareness

The Concept

Today's public debate on child-care reform often focuses on the availability and quality of center-based care—the services that children and their families receive at child-care centers, nursery schools, and preschools. However, less than a third of all children in child care attend this type of program. The vast majority receive care from family child-care providers who work out of their own homes, or from "kith and kin" providers—relatives or friends who provide care for children from one family.

Many parents prefer care in a provider's home to an institutional setting, particularly for very young children. Family child care and "kith and kin" care are also crucial resources for parents who cannot find or afford center-based care, or who work outside of the traditional hours when centers generally operate. For many low-income parents, family child-care homes or informal arrangements are the only affordable option. As a result, many of the most vulnerable children are cared for by family-care providers who often have fewer resources and less support than center-based caregivers.

It is difficult to assess the quality of family child-care homes. As many as 80 to 90 percent of family child-care providers are not regulated and have no contact with regulatory or supportive agencies. Regulated family-care providers appear to adhere to fairly high standards, and many children receive excellent care and loving attention from unregulated family child-care providers. However, the quality of unregulated family child care is very inconsistent. In a study that looked at the quality of a large number of family child-care homes, the percentage of programs judged to be of substandard quality ranged from 13 percent of regulated family child-care homes to 50 percent of unregulated homes. The challenge is to help these providers strive for higher standards to ensure children's health, safety, and healthy development, without driving them out of business and shrinking child-care options for working parents.

The nation's child-care marketplace, with its mix of public, for-profit, and not-for-profit programs, tends to be decentralized and fragmented; this is especially true of family child care. Most family child-care providers work long hours, earning low wages with few benefits. While some have been at the forefront of efforts to improve the quality of home-based care, most have little contact with other adults who are doing the same kind of work.

On the whole, the field remains disorganized with no shared vision or delivery system. But researchers and practitioners warn against top-down efforts to systematize home-based care. These providers often identify themselves more as parents or extended family than as early childhood professionals. Quality improvement efforts are therefore most likely to succeed when they begin as conversations among neighbors—including parents, caregivers, and community service providers—about children's needs and local success stories.

Ideas in Action

Today, families, providers, and policymakers are beginning to recognize the need to define and work toward a common agenda. Research and practice point to four main paths toward improvement.

First, family child-care providers need working conditions that are more conducive to professionalism and quality. It is imperative to help them break their isolation and network with other providers and community resources. Many local projects are now springing up around the country to link and support home-based providers. In Santa Clara County, California, for example, Choices For Children hosts bimonthly provider networking sessions,

facilitates focus group discussions, and includes providers in the development and arrangement of community-based quality enhancing projects. One such project is the Model Family Child Care Community, where 40 family child-care providers have access to college-level training, mentors, and a central resource center. Other support services include a child-care food program staffed by nutritionists and a standards program that is intermediate to accreditation. In Alabama, about 200 family child-care providers belong to FOCAL (Federation of Child Care Centers of Alabama), which brings them together with center-based caregivers for training four Saturdays each year and helps them network with other home-based caregivers in their communities.

Second, home-based providers need opportunities to enhance their skills and improve the quality of their services. But caregivers who work alone cannot leave the children to take advantage of training opportunities. The Francis Child Development Institute in Kansas City, Missouri, solves this problem by offering regular home visits to providers over an extended period—from nine months to a year or more. The institute has worked with approximately 100 family child-care providers. Resource specialists help providers assess children's needs and their capacity to meet them, plan their own professional development activities, access resource materials, and take advantage of various educational opportunities, some for college credit. The specialists also provide technical assistance on infant/toddler and school-age care, as well as special needs care. The institute's work benefits from its relationship with more than 40 local, state, and national organizations.

In the Atlanta area, Save the Children Child Care Support Center's family child-care networks offer family child-care providers an opportunity to increase their skills and improve the quality of their services. The Child Care Support Center (CCSC) works in partnership with churches, provider associations, child care resource and referral agencies, public-housing authorities, and other groups to develop a mix of services and supports unique to each community. For example, in Paulding and Polk counties—predominantly rural communities—CCSC and two family resource centers offer training and supports to nearly 40 family child-care providers. Providers enjoy networking with each other at monthly workshops, visits from a child-care specialist, and loans from toy and equipment lending libraries. In metropolitan Atlanta, CCSC and the Professional Providers Association of Atlanta reach out to informal caregivers as well as regulated providers. Over 70 participants are involved in a menu of activities, including family-support services through the Parent Services Project, home visits to develop individualized training plans, and monthly association meetings.

Third, family child-care providers need working conditions that are more conducive to professionalism and quality. Community organizing can also help family child-care providers improve their wages and benefits. Providers were at the forefront of a grassroots effort in Rhode Island that resulted in a precedent-setting policy—full medical and dental benefits for any family child-care provider who is licensed by the state and has earned at least $1,800 in the previous six-month period by caring for a child (or children) eligible for state subsidy. Rhode Island is the first state in the nation to offer this benefit; a similar plan for caregivers in child-care centers is now under consideration.

Finally, external standards, monitoring, and feedback raise the quality of family child care and provide a framework for caregivers' professional development and improvement efforts. The Family Child Care Accreditation Project at Wheelock College in Boston, in collaboration with the National Association for Family Child Care, is developing a new national accreditation system for family child care. Many states already require programs to be licensed. But, while licensing aims to protect children's health and safety, accreditation—a

voluntary process—sets higher standards of care. The project spent two years convening 53 working groups across the country, consisting primarily of family child-care providers, to build consensus on what constitutes quality in family child care. The quality standards that emerged from this process stressed the capacity to observe and respond to individual children, sensitivity to cultural differences, and strong relationships with families. A possible incentive for seeking accreditation is that states may offer higher reimbursement rates for accredited providers who take care of children who are entitled to a subsidy.

For More Information

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Quality

- Affordability
- Accessibility
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- Quality
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- Consumer Awareness

The Concept

Today, most American families rely on child-care providers to help raise their children, often beginning in the first weeks or months of life. Reliable, high-quality child care has obvious benefits for parents, by allowing peace of mind, and for employers, by boosting productivity. Research over the last quarter century shows that high-caliber early care and education programs can benefit children as well.

Many very young children begin child care at a critical stage of their brain development. It is during the preschool years that children make the cognitive, social, and emotional leaps that form the basis of school readiness and success. Long-term studies show that good early care and education programs can have a positive, lasting effect on achievement and social adjustment, especially for disadvantaged children. But quality is the key, and in most American communities—and especially low-income communities—it is hard to come by. Stable care for infants is particularly difficult to find. One large study found that a third of infants experience at least three different child-care arrangements in the first year of life.

Various definitions of quality have been advanced by parents and professionals, but most stress that high-caliber programs ensure that children are safe, healthy, and appropriately stimulated. Good programs provide responsive care by consistent, well-qualified caregivers, allowing children to form secure attachments to nurturing adults. They offer engaging, appropriate activities for young children in settings that facilitate healthy growth across the developmental spectrum. Quality child care also takes into account the strengths and needs of families and communities.

Most of the settings where American children receive care fall short of these standards. While researchers have documented excellent care in all kinds of settings, the great majority of child-care arrangements are barely adequate. Virtually every study has found that care in most settings is poor to mediocre. One large-scale study found that an alarming number of programs for infants and toddlers—40 percent—are so poorly run that they imperil children's health and safety. And these statistics only reflect the settings that are willing to admit observers. Quality in early care and education is not only poor, it has been getting worse over the last two decades. Since welfare reform is increasing the demand for services more rapidly than providers can respond, many experts foresee further deterioration in quality. There is great concern that unqualified, untrained individuals may be recruited to meet the growing need, and that more children may find themselves in makeshift, inadequate arrangements.

Brain researchers have predicted that poor child-care settings are likely to jeopardize early development; research by experts in child development confirms that they do. The quality of the child-care setting affects virtually every aspect of development that researchers know how to measure, including children's language development, social interactions, problem-solving capacity, or attention span.

Ideas in Action

Poor quality is the bad news. The good news is that thanks to years of research and practice, early childhood educators and policymakers know how to improve child care. In part, raising quality means improving adult-to-child ratios, creating training opportunities and career ladders for caregivers, assuring continuity of care by improving staff pay and benefits, and strengthening parent engagement and consumer awareness. Even modest investments can produce benefits. One study showed, for example, that when family child-care workers receive even 15 hours of training, results for children improve and overall program quality is enhanced.

But improving individual programs is not enough. Better results for children depend on giving providers the tools they need to strengthen individual programs while investing in the child-care infrastructure—the behind-the-scenes functions that support direct ser-

vices. Quality is most readily achieved when an organization or community comes up with a coherent, well-coordinated plan for strengthening all of these functions, including professional development, program accreditation, facility licensing, governance, and funding.

Attention to the infrastructure accounts in large measure for well-documented quality improvements in child-care programs run by the Department of Defense (DOD). The department operates the nation's largest employer-sponsored child-care program, serving more than 200,000 children each day in centers, family child-care homes, and school-age care programs. Since 1990, DOD has committed substantial resources to expanding and improving its child-care services. All staff must take part in at least 24 hours of training annually—more than twice the national average for child-care workers. Those who provide care in their homes must also take part in a rigorous training program. At the same time, higher pay has dramatically reduced staff turnover. Other reforms have included improved adult-to-child ratios, strict enforcement of standards, frequent inspections, and active parent involvement. As a result, 70 percent of the military's child-care centers have been accredited by the National Association for the Education of Young Children (NAEYC), compared with less than 10 percent of centers nationwide. A study has shown that NAEYC accreditation resulted in quality improvements at these centers. DOD is now sharing its expertise in the realm of child care by forming partnerships with the private sector.

States and cities across the nation have also undertaken successful quality improvement efforts. Florida is a case in point. In 1992 researchers reported that 31 percent of the state's child-care settings provided inadequate care. In 1994 the percentage of inadequate child-care settings dropped to 15 percent. Continued improvements were seen in 1996. What accounts for these gains? Florida passed new legislation lowering teacher-to-child ratios in centers serving infants and toddlers. The state also raised education requirements for child-care providers, and provided state funds to help staff obtain the Child Development Associate credential. Florida also made progress in accrediting child-care centers. An independent evaluation found that between 1992 and 1996, children in Florida's child-care centers showed greater language proficiency and fewer behavior problems. Teachers were found to be more responsive to children's needs. The evaluation concluded that while challenges remain, Florida's efforts show that "public investment in child care—imposing more stringent standards and enforcing those standards—is highly desirable, and that higher standards don't break the bank."

For More Information

See the "Professional Development" page of this resource kit.

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Professional Development for Caregivers

- Affordability
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- Community Building
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- Quality
- Professional Development for Caregivers
- Consumer Awareness

The Concept

Studies in many fields point to a key fact of early life: whether at home or in child-care settings, learning takes place in the context of important relationships. Since more and more children are in child-care settings, a warm, responsive, knowledgeable child-care provider can make a tremendous difference for young children and their families.

Research now shows that emotional, social, and cognitive development are closely linked and that a secure bond to a responsive caregiver is a key to healthy development in the first months and years of life. Children fare better—showing stronger cognitive and language skills, social interactions, and emotional development—when they receive care from adults who are attentive and know how to read young children's cues and respond to their temperaments. We also know that without a good start in the early years, children enter school with a disadvantage that may be difficult to overcome.

But despite new insights into the importance of the early years, and despite the rigors of working with young children, practitioners in early care and education programs have much less training, far lower pay, and a dramatically higher turnover rate than K-12 teachers. A key to raising quality in early care and education programs is to ensure that child-care providers are well qualified and prepared for their roles and that the importance and difficulty of their work is appropriately recognized and compensated.

Today, compensation and benefits for child-care workers are woefully inadequate. In 1996 child-care workers in child-care centers earned an average of $6.12 per hour ($12,730, for full-time year-round work). As a recent study concluded, preschool teaching staff are in effect subsidizing an underfunded system with their foregone wages and benefits. Not surprising, the turnover rate for caregivers is extraordinarily high—40 percent per year compared with 6 percent per year for public school teachers.

Child-care providers need a career path that allows for professional growth and advancement over time. They need expanded opportunities for training and ongoing professional development. Studies show that the more preparation caregivers have (both general education and job training), the more skilled they are at helping young children thrive and achieve their full capacities. Despite this research, current training requirements are minimal and professional development opportunities are few and far between. In particular, caregivers need training to help them understand and meet the developmental needs of infants and toddlers and of children with special needs. Caregivers also need reasonable work conditions, including adult-to-child ratios that allow them to get to know children and families. And they need ongoing contact with other child-care providers.

Ideas in Action

Today, workers in child-care centers are required to have an average of 12 hours of training per year, usually at their centers or at a local community college. Family child-care workers are required to have even less training. Given the importance of early experience and early attachments, many leaders in the early childhood field consider professional development to be the key to strengthening child care and improving results for young children.

A number of major initiatives have sought to raise quality by expanding training opportunities and building a career ladder for caregivers. For example, the TEACH Early Childhood Project leverages funds from a variety of sectors to support educational scholarships and wage increases for child-care practitioners. Founded by the Day Care Services Association of North Carolina, TEACH began as a pilot program in 1990 to provide individuals with scholarships so that they might work toward an associate degree in early childhood education. The program now encompasses

scholarship initiatives in six states. More than 6,000 scholarships have been awarded over the last four years. Participants in TEACH complete an average of 18 credit hours per year and receive an average 10 percent increase in their wages. The program has been effective in lowering staff turnover. TEACH inspired the Child Care Provider Scholarship Fund proposed by President Clinton in October 1997.

In early care and education, there is a direct link between the quality of caregivers' jobs and the quality of children's day-to-day experiences. This is the working assumption of the Childspace Replication Project, an initiative of Philadelphia-based Childspace Cooperative Development, Inc. Founded ten years ago, Childspace operates two child-care centers. What makes it unique is its longstanding commitment to contracting with a worker's cooperative to manage and staff the centers. The Replication Project, launched in 1995, seeks to spread this model. It works with local groups of caregivers in various locations around the country—including California, Colorado, and New York—helping them organize as independent worker cooperatives. The project helps the co-op get off the ground by providing model bylaws, help with business plans, and assistance with financial and management tasks. The goal is not simply to form new organizations, but to redesign the job of the child-care provider. Caregivers receive an employment package that far surpasses the industry average, ongoing training, a role in corporate decision-making, and the chance to increase their own economic security through ownership of their own center.

A barrier to training for caregivers—and particularly for family child-care providers—is a sheer lack of time. Most work long hours; home-based caregivers can rarely take time away from the children in their care to take advantage of training opportunities. Electronic media, such as television, videos, and websites, therefore, play an important role in their professional development. The state of Colorado has developed a 12-hour video that caregivers can use, on their own, to help them meet licensing requirements. Public Broadcasting Service (PBS) stations have also been active in professional development, both with workshops and videos. The Sesame Street PEP (Preschool Education Program) is an outreach program that works with center-based and family child-care providers, helping them to get the most out of educational television, especially *Sesame Street*, by reinforcing the show's themes and concepts with developmentally appropriate activities and materials. The program provides workshops through its partnership with 79 PBS stations around the country.

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Consumer Awareness

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The Concept

One of the most challenging tasks facing new parents is arranging for care for their babies. Most families have precious little time to explore or weigh their options. The majority of infants in the United States begin some kind of regular child care in their first year of life—often in the first three months.

Unlike most other industrialized countries, the United States has no "system" of early care and education. Parents who need or want child-care services can choose among public, for-profit, and not-for-profit settings. They can select religious or secular programs. They can opt for out-of-home care in child-care centers or family child-care homes, they can arrange for care by relatives, or they can hire a caregiver to provide care in their own home.

The overriding concern of most parents, as they search for child care, is safety. Many parents simply assume that all child-care programs are regulated and that basic safeguards and quality standards will protect their children from harm. They may not realize that about 40 percent of early care and education programs, including family child-care homes, church-based programs, part-day programs, and school-based programs, are legally exempt from state regulation. Parents may need help recognizing the ingredients of high-quality programs—especially the "behind-the-scenes" elements that may not be obvious to consumers. It is easy to see whether a center is clean, or whether group size is small, but equally important factors like staff turnover or training may be less apparent.

Parents may also need help obtaining objective information about programs so that they can assess the alternatives. In many cases, helpful information may exist in the form of professional ratings of programs, facility licensing reports, reports on the accreditation status of programs, and program ratings by parents of "graduates." But many parents may find it difficult to access or evaluate these data.

Effective consumer awareness efforts depend on the participation of individuals and organizations in various walks of life. The media have a strong role to play, as do community organizations and religious groups. Parent education programs and family support programs can help parents make good decisions on behalf of their young children. Employers should recognize that they have a stake in reliable care for the children of their employees and can support consumer awareness by giving workers time to find, monitor, and take part in their children's early care and education programs.

Ideas in Action

At the community level, child care resource and referral programs are a valuable source of information for parents, employers, policymakers, and the media. Child Care Aware is a nationwide campaign committed to ensuring that every parent has access to good information about finding quality child care in their community, through national consumer marketing and by raising visibility for local child care resource and referral programs (CCR&R). The initiative is a collaborative led by the National Association of Child Care Resource and Referral Agencies, with guidance from the Child Care Action Campaign, Families and Work Institute, National Association for Family Child Care, and the National Association for the Education of Young Children, along with Dayton Hudson Corporation, the initiative's founding sponsor. Child Care Aware's Parent Information Line (800-424-2246) is the nation's only centralized nonprofit resource that connects parents to the CCR&R in their community. These CCR&Rs provide referrals and consultation to over 1.5 million families each year. Child Care Aware has also made consumer education grants to nearly 50 communities for communication, community organizing, and strategic efforts to help parents recognize high-quality child care.

A statewide resource and referral network makes use of innovative computer technology to serve Maryland's families. The network, known as Maryland's Child Care Resource Network, operates under the auspices of the Maryland Committee for Children and has served approximately 164,000 children. Parents of children with disabilities have received special attention. The referral process is facilitated by LOCATE, a statewide database of regulated providers. Parents can make use of LOCATE in person or by speaking with a trained counselor over the telephone. Every effort is made to help parents select the child care best suited to their needs, preferences, and ability to pay. The program began as a demonstration project, with three regional resource centers offering a variety of services to providers, in addition to referral services for parents. Maryland is now exploring the possibility of funding expansion of this network to all 13 licensing regions within the state.

In the Atlanta metropolitan area, encompassing 14 counties, parents who want child-care referrals in their communities can simply dial 211, around the clock. In July 1997, the United Way of Atlanta established the nation's first three-digit telephone number—similar to 911 used for emergencies or 411 for directory assistance—dedicated to community resources. The 211 agents can tell callers about child-care centers in their communities, or can direct them to Child Care Solutions, a program of Save the Children Child Care Support Center that matches families with centers or family child-care homes, based on their specific needs.

kids count

For More Information

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